



# Traffic Crash Report

Local Report Number \*

14-025

Crash Severity

3 1 - Fatal  
2 - Injury  
3 - PDO

Hit/Skip

1 - Solved  
2 - Unsolved

Local Information

☐ Photos Taken  
☐ OH-2 ☐ OH-1P  
☐ OH-3 ☐ Other☐ PDO Under State Reportable Dollar Amount☐ Private PropertyReporting Agency NCIC \*  
08303

Reporting Agency Name \*

Lebanon

Number of Units  
02Unit in error  
01 98 - Animal  
99 - UnknownCounty \*  
83City \*  
☐ Village \*  
☐ Township \*City, Village, Township \*  
Lebanon

Crash Date \*

01/17/2014

Time of Crash

1003

Day of Week

FRI

Degrees / Minutes / Seconds

Latitude  
0 / 0 / 0

Longitude

Decimal Degrees

Latitude  
39.433269

Longitude

-84.206858

Roadway Division  
☐ Divided  
☐ Undivided

Divided Lane Direction of Travel

N - Northbound E - Eastbound  
S - Southbound W - Westbound

Number of Thru Lanes

01

Road Types or Milepost 2

AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way  
AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace  
BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location Route Type 1

Location Route Number

Loc Prefix  
E N, S  
E, W

Location Road Name

Main

Location Road Type 2

Route Types 1

IR - Interstate Route (inc. turnpike) CR - Numbered County Route  
US - US Route TR - Numbered Township Route  
SR - State RouteDistance From Reference  
10 Miles  
Feet  
YardsDir From Ref  
N, S  
E, W

Reference Route Type 1

Reference Route Number

Ref Prefix  
N, S  
E, W

Reference Name (Road, Milepost, House #)

Mechanic

Reference Road Type 2

Reference Point Used  
1 - Intersection  
2 - Mile Post  
3 - House NumberCrash Location  
0101 - Not an intersection  
02 - Four-way Intersection  
03 - T-Intersection  
04 - Y-Intersection  
05 - Traffic Circle/Roundabout  
06 - Five-point, or more  
07 - On Ramp  
08 - Off Ramp  
09 - Crossover  
10 - Driveway/Alley Access11 - Railway Grade Crossing  
12 - Shared-Use Paths or Trails  
99 - Unknown☐ Intersection Related

Location of First Harmful Event

1 - On Roadway 5 - On Gore  
2 - On Shoulder 6 - Outside Trafficway  
3 - In Median 9 - Unknown  
4 - On RoadsideRoad Contour  
1 - Straight Level  
2 - Straight Grade  
3 - Curve Level4 - Curve Grade  
9 - UnknownRoad Conditions  
Primary  
03

Secondary

01 - Dry 05 - Sand, Mud, Dirt, Oil, Gravel 09 - Rut, Holes, Bumps, Uneven Pavement\*  
02 - Wet 06 - Water (Standing, Moving) 10 - Other  
03 - Snow 07 - Slush 99 - Unknown  
04 - Ice 08 - Debris\*

\* Secondary Condition Only

Manner of Crash Collision/Impact

2 1 - Not Collision Between Two Motor Vehicles In Transport  
2 - Rear-End  
3 - Head-On  
4 - Rear-to-Rear  
5 - Backing  
6 - Angle  
7 - Sideswipe, Same Direction  
8 - Sideswipe, Opposite Direction  
9 - Unknown

Weather

6 1 - Clear 4 - Rain 7 - Severe Crosswinds  
2 - Cloudy 5 - Sleet, Hail 8 - Blowing Sand, Soil, Dirt, Snow  
3 - Fog, Smog, Smoke 6 - Snow 9 - Other/UnknownRoad Surface  
2 1 - Concrete 4 - Slag, Gravel, Stone  
2 - Blacktop, Bituminous, Asphalt 5 - Dirt  
3 - Brick/Block 6 - OtherLight Conditions  
1 Primary  
1Secondary  
1 - Daylight  
2 - Dawn  
3 - Dusk  
4 - Dark - Lighted Roadway  
5 - Dark - Roadway Not Lighted  
6 - Dark - Unknown Roadway Lighting  
7 - Glare\*  
8 - Other

9 - Unknown

☐ School Zone Related

School Bus Related

☐ Yes, School Bus Directly Involved  
☐ Yes, School Bus Indirectly Involved

\* Secondary Condition Only

☐ Work Zone Related☐ Workers Present☐ Law Enforcement Present (Officer/Vehicle)  
☐ Law Enforcement Present (Vehicle Only)

Type of Work Zone

1 - Lane Closure 4 - Intermittent or Moving Work  
2 - Lane Shift/Crossover 5 - Other  
3 - Work on Shoulder or Median

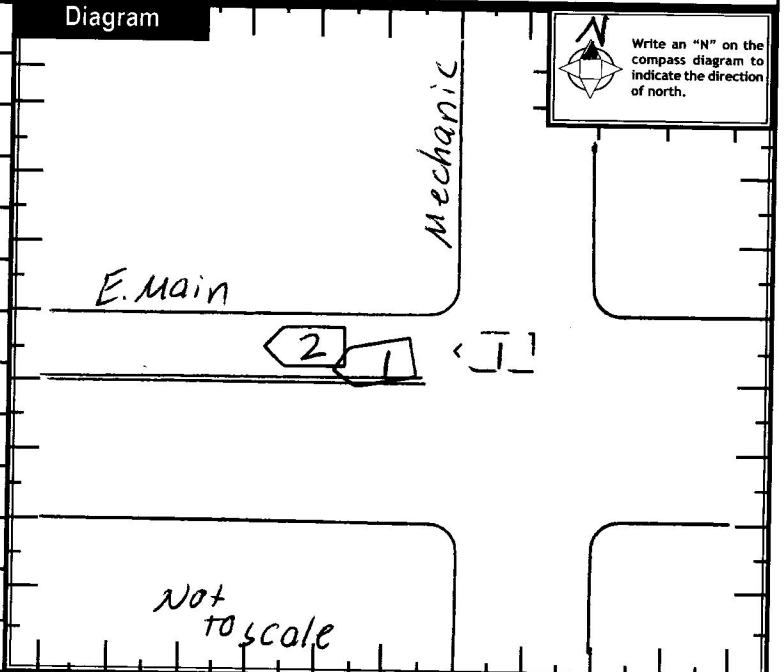
Location of Crash in Work Zone

1 - Before the First Work Zone Warning Sign 4 - Activity Area  
2 - Advance Warning Area 5 - Termination Area  
3 - Transition Area

Narrative

Unit 1 failed to keep a safe distance and struck Unit 2 in the rear.

Diagram



Report Taken By

Police Agency ☐ Motorist☐ Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported

01/17/2014

Time Crash Reported

1003

Dispatch Time

1004

Arrival Time

1004

Time Cleared

1022

Other Investigation Time

10

Total Minutes

29

Officer's Name \*

Morris

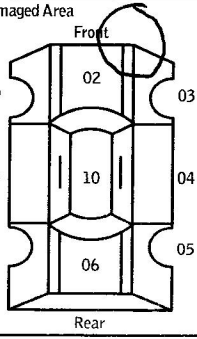
Officer's Badge Number

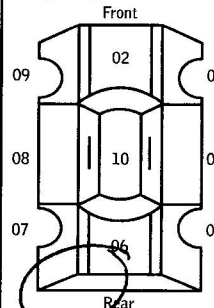
131

Checked By

LCM-131

Page of

Unit Number <b>01</b>		Owner Name: Last, First, Middle (X Same As Driver)		Owner Phone Number - inc. area code (X Same As Driver)		Damage Scale <b>3</b>		Damaged Area 			
Owner Address: City, State, Zip (X Same As Driver)								Carrier Phone- include area code			
LP State <b>OH</b>	License Plate Number <b>1UKDOC</b>		Vehicle Identification Number <b>WBA13G7C52EKM36174</b>			# Occupants <b>01</b>					
Vehicle Year <b>2014</b>	Vehicle Make <b>BMW</b>		Vehicle Model <b>5W</b>		Vehicle Color <b>Blue</b>						
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>Michael Ins</b>		Policy Number <b>42-57752002</b>		Towed By						
Carrier Name, Address, City, State, Zip											
US DOT		Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.		Cargo Body Type <b>01</b> 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel		Trafficway Description <b>1</b> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway					
HM Placard ID No. <b>01</b>		<input type="checkbox"/> Hazardous Material Released		Hit / Skip Unit <input type="checkbox"/>							
Non-Motorist Location Prior to Impact <b>01</b> 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown		Type of Use <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response		Unit Type <b>03</b> 99 - Unknown or Hit / Skip		Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle		Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle		Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist	
Special Function <b>01</b> 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other		09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.		17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)		Most Damaged Area <b>03</b> Impact Area <b>03</b> 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear		08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total (All Areas) 14 - Other		Action <b>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown	
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Sequence of Events 1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown		Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift		06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left		10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision					
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Unit Number <b>02</b>		Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>Brown, Carey</b>		Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )		Damage Scale <b>2</b>		Damaged Area 			
Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )						1 - None					
LP State <b>OH</b>		License Plate Number <b>FLC 8328</b>		Vehicle Identification Number <b>1GKFK06229R290896</b>		# Occupants <b>01</b>		2 - Minor			
Vehicle Year <b>2009</b>		Vehicle Make <b>GMC</b>		Vehicle Model <b>SW</b>		Vehicle Color <b>Black</b>		3 - Functional			
<input checked="" type="checkbox"/> Proof of Insurance Shown		Insurance Company <b>Farmers</b>		Policy Number <b>191254963</b>		Towed By		4 - Disabling			
Carrier Name, Address, City, State, Zip						Carrier Phone- include area code		9 - Unknown			
US DOT		Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.		Cargo Body Type <b>01</b> 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel		09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown		Trafficway Description <b>1</b> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway			
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# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

14-025

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>Hayes, Gary</b>	DATE OF BIRTH <b>12301941</b>	AGE <b>72</b>	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE							
ADDRESS, CITY, STATE, ZIP <b>458 E. Warren St. Lebanon OH 45036</b>		CONTACT PHONE- INCLUDE AREA CODE <b>513-313-4736</b>									
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>99</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RQ553363</b>	OL CLASS <b>4</b>	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M/C END.	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE <b>0.000</b>	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY <input type="checkbox"/>			

UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>Brown, Erin</b>	DATE OF BIRTH <b>07271974</b>	AGE <b>39</b>	GENDER <input type="checkbox"/> F - FEMALE <input checked="" type="checkbox"/> M - MALE							
ADDRESS, CITY, STATE, ZIP <b>8098 Country Brook Ct. Springboro OH</b>		CONTACT PHONE- INCLUDE AREA CODE <b>937-405-9151</b>									
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>99</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RR567014</b>	OL CLASS <b>4</b>	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M/C END.	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE <b>0.000</b>	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY <input type="checkbox"/>			

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	Non-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER <b>03</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE					
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE- INCLUDE AREA CODE							
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
UNIT NUMBER <b>04</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE					
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE- INCLUDE AREA CODE							
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>